

**RESPONSE FORM**  
**FOR DIPLOMATIC AND CONSULAR PERSONNEL**

Mail to: NYC Department of Finance, Diplomatic Parking Review Panel, 66 John Street, 3rd Floor, New York, NY 10038

**Instructions:** This form is provided to diplomatic and consular officials to assist in responding to a notice of parking violation issued to vehicles with Department of State issued license plates. Please **complete all sections** below and submit this form to the address above within thirty (30) days of the date the notice of parking violation was issued. Include with this form the original notice of parking violation received along with any supporting documentation. Keep copies of everything you submit. If you have questions or require further assistance, call the Department of Finance Diplomatic Parking Review Panel at 212-291-4697.

**SECTION I. REGISTRANT INFORMATION (Please Print)**

1. Name: \_\_\_\_\_ Daytime  
FIRST LAST 2. Phone Number: \_\_\_\_\_

3. Address: \_\_\_\_\_  
NUMBER AND STREET APT. NO. CITY STATE ZIP CODE

4. Mission/Consulate: \_\_\_\_\_

**SECTION II. VEHICLE & NOTICE INFORMATION**

1. I am (check one): ☐ the registrant ☐ the operator ☐ a representative of the registrant or operator

2. Vehicle Plate #: \_\_\_\_\_ 3. Vehicle Make: \_\_\_\_\_ 4. Number of Notices Contesting: \_\_\_\_\_

5. Fill in Each Notice Number below. (Attach Separate Sheet, if necessary.)

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**SECTION III. REVIEW PANEL INFORMATION (Check one and then Complete Either A or B)**I want to contest the notice(s) above: ☐ In person (complete A) ☐ By Mail (complete B)

**A. IN-PERSON:** Scheduled by appointment. Please check both the day and time you prefer. You will receive written confirmation of your scheduled appointment.

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
<input type="checkbox"/> 9am - 10am	<input type="checkbox"/> 10am - 11am	<input type="checkbox"/> 11am - 12pm	<input type="checkbox"/> 2pm - 3pm	<input type="checkbox"/> 3pm - 4pm

**B. BY MAIL:** Please print a clear and complete statement of why you believe you are not responsible. Include the original notice(s) along with any supporting evidence (statements of witnesses, photographs, diagrams, etc.) Attach additional sheets if necessary.

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How do you want to receive the decision: ☐ By Mail ☐ By Fax - No. \_\_\_\_\_**SECTION IV. CERTIFICATION**

 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
REGISTRANT'S SIGNATURE

 \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
AUTHORIZED AGENT'S SIGNATURE (IF DIFFERENT THAN REGISTRANT'S)

**NOTE:** Submitting a response to the Diplomatic Parking Review Panel or the Diplomatic Parking Appeals Panel does not constitute a waiver of any privileges or immunities to which the registrant may be entitled, nor does it constitute its acceptance of the civil or criminal jurisdiction of the City or State of New York or their respective authorities. By responding to or otherwise contesting the validity of a notice of parking violation, or appealing an adverse decision of the Diplomatic Parking Review Panel, a registrant has merely accepted the City's offer of consensual dispute resolution.